



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3015 Mail Service Center • Raleigh, North Carolina 27699-3015

Tel 919-571-4900 • Fax 919-571-4878

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Arthur J. Robarge, Ph.D., MBA, Acting Director

October 12, 2001

MEMORANDUM

TO: Area Program Directors

FROM: Martha Kaufman, Chief 
Child and Family Services Section

RE: Comprehensive Treatment Services Program (CTSP), formerly At Risk Children (ARC) Service Definition and Coding for Community Based Services (CBS)

Attached is the new Comprehensive Treatment Services Program (CTSP) CBS Service Definition. This service definition is the CTSP counterpart to the Medicaid Service Definition. The two service definitions are the same. The maximum number of hours allowable is eight. In order to receive approval for hours over the maximum, from CTSP funds, a request must be reviewed with the Regional Service Manager, and then sent to the Child and Family Section (attn: Stephanie Alexander, LCSW). The request will be reviewed to (a) ascertain that medical necessity requirements described in the Levels of Care are met, and (b) that needs are clearly documented in the Service Plan. Cost shifting is not allowed.

DMA and DMHDDSAS are working on a procedure for Medicaid eligible individuals, to request approval to exceed 8 hours per day, when deemed medically necessary. You will be advised of this Medicaid approval process as soon as possible.

The CTSP CBS service definition goes into effect October 1, 2001 and replaces the following: HRI Periodic (114), HRI Periodic Support (115), HRI Periodic Group (117), CBI Paraprofessional Group (119), CBI Paraprofessional Individual (120), and CBI Paraprofessional Support (121). The previous six service objectives will continue to be on the CTSP Rate Schedule. However they may only be used for services provided from July 1, 2001 through September 30, 2001.

Service orders written for CBI or HRI can be cross-walked to the new definition until the current treatment plan is updated. At that time, the orders and the treatment plan should reflect the new CBS definition and services. If the service order was for more than 8 hours, the approval process mentioned above will need to be followed.

CTSP service type codes are the same as the service type codes for Pioneer and MR/MI. The only additional CTSP service type code is for CBS Support (139) which follows the same guidelines as HRI and CBI Support. Attached is an updated list of service type codes for CTSP and an updated copy of the CTSP rates, including the new CBS service objectives and rates.

Please call Stephanie Alexander, LCSW, at the Child and Family Services Section, (919) 571-4900, if you have any questions.

Attachments:

- I. CTSP Services Statewide UCR Rate Schedule SFY 02 (Page 1) – Updated
- II. ~~Type of Service List for SFY 02 – Updated~~
- III. CTSP Service Definition for Community Based Services

cc: Area Program Finance Officers
Executive Staff
State Collaborative
SOC/ARC Coordinators

Regional Service Managers
Child & Family Services Staff
Regional Accountant
NC Council of Community Programs

Bob Duke
Jay Dixon
Wanda Mitchell
Elizabeth Brown



ATTACHMENT I

COMPREHENSIVE TREATMENT SERVICES PROGRAM (CTSP) STATEWIDE UCR RATE SCHEDULE SFY 02

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	CTSP Service Objective	Periodic Service Types Hourly Rates	Y-Code Medicaid Rate (c.)	CTSP Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2307	100	Case Management	90.00	90.00	88.24	1.76	76.73	11.51	13.27
	101	Case Management Support		45.70			39.74	5.96	5.96
Y2305 (a.)	110	Outpatient Treatment - Individual	108.32	108.32	106.20	2.12	92.35	13.85	15.97
	111	Outpatient Treatment - Support		59.72			51.93	7.79	7.79
Y2306 (a.)	116	Outpatient Treatment - Group	36.12	36.12	35.41	0.71	30.79	4.62	5.33
Y2308	114	HRI - P Individual	51.76	51.76	50.75	1.01	44.13	6.62	7.63
	115	HRI - P Support		25.66			22.31	3.35	3.35
Y2309	117	HRI - P Group	16.92	16.92	16.59	0.33	14.42	2.16	2.50
Y2316	120	CBI Paraprofessional - Individual	25.72	25.72	25.22	0.50	21.93	3.29	3.79
Y2317	119	CBI Paraprofessional - Group	8.60	8.60	8.43	0.17	7.33	1.10	1.27
	121	CBI Paraprofessional - Support		25.48			22.16	3.32	3.32
Y2370	470	CBS Paraprofessional - Individual	25.72	25.72	25.22	0.50	21.93	3.29	3.79
Y2371	471	CBS Paraprofessional - 2 client	16.96	16.96	16.63	0.33	14.46	2.17	2.50
Y2372	472	CBS Paraprofessional - group > 2 clients	9.76	9.76	9.57	0.19	8.32	1.25	1.44
Y2367	480	CBS All other Professions - Individual	51.28	51.28	50.27	1.01	43.72	6.56	7.56
Y2368	481	CBS Professional - 2 clients	33.84	33.84	33.18	0.66	28.85	4.33	4.99
	482	CBS Professional - group > 2 clients	19.48	19.48	19.10	0.38	16.61	2.49	2.87
Y2364	490	CBS Professional ECI - Individual	82.76	82.76	81.14	1.62	70.55	10.58	12.21
Y2365	491	CBS Professional ECI - 2 client	54.64	54.64	53.57	1.07	46.58	6.99	8.06
Y2366	492	CBS Professional ECI - group > 2 clients	31.44	31.44	30.82	0.62	26.80	4.02	4.84
	139	CBS Support		25.48			22.16	3.32	3.32
	125	Respite		9.95			8.65	1.30	1.30
Y2311	330	Day Treatment / Intensive PH - Child	20.92	20.92	20.51	0.41	17.83	2.68	3.09
	340	Vocational Education		7.68			6.68	1.00	1.00
	350	Vocational Placement		17.50			15.22	2.28	2.28
	360	Before / After School		14.31			12.44	1.87	1.87
	370	Specialized Summer Program		14.31			12.44	1.87	1.87

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	CTSP Service Objective	Periodic Service Types Daily Rates	Y-Code Medicaid Rate (c.)	CTSP Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2315	253	Facility Based Crisis Services	306.05	306.05	300.05	6.00	260.91	39.14	45.14

1	2	3	4	5	6	7	8	9	10
Medicaid Y-Code	CTSP Service Objective	Periodic Service Types Monthly Rates	Y-Code Medicaid Rate (c.)	CTSP Rate (b.)	Rate After 2%	2% Service Management Fee	Provider Rate After 2% and 15%	Area Program Administration at 15%	Area Program Total (Col. 7 + Col. 9)
Y2314	299	Assertive Community Treatment Team	827.55	827.55	811.33	16.22	705.50	105.83	122.05

(a.) Area Programs should bill CPT Codes when appropriate for Y2305 and Y2306 activities.

(b.) Effective July 1, 2001, CTSP rates have been increased/decreased to match the Medicaid rate for any service that is provided by both programs.

(c.) Medicaid rates taken from the June 6, 2001 memo from Allen Gambill of DMA regarding "Rate Changes for Medicaid Mental Health Services effective July 1, 2001"; Medicaid rates for Community Based Services taken from the August 28, 2001 memo from Carol Robertson of DMA regarding "CBS Definition".

**TYPE OF SERVICE LIST FOR SFY 01 - 02
UPDATES EFFECTIVE OCTOBER 1, 2001**

TYPE OF SERV CD	TYPE OF SERVICE DESCRIPTION	UNIT TYPE CD
100	CASE MANAGEMENT	3
101	CASE MANAGEMENT SUPPORT	3
110	OUTPATIENT CLINICAL SERVICES	3
111	OUTPATIENT CLINICAL SERV. SUP.	3
114	HRI PERIODIC	3
115	HRI PERIODIC SUPPORT	3
116	OUTPATIENT CLINICAL GROUP	3
117	HRI PERIODIC GROUP	3
119	CBI-PARAPROFESSIONAL-GROUP	3
120	CBI-PARAPROFESSIONAL-INDIVIDUAL	3
121	CBI-PARAPROFESSIONAL-SUPPORT	3
125	HOURLY RESPITE	3
470	CBS-PARAPROFESSIONAL INDIVIDUAL	3
471	CBS-PARAPROFESSIONAL GROUP OF 2	3
472	CBS-PARAPROFESSIONAL GROUP OF 3 +	3
480	CBS-PROFESSIONAL INDIVIDUAL	3
481	CBS-PROFESSIONAL GROUP OF 2	3
482	CBS-PROFESSIONAL GROUP OF 3+	3
490	CBS-PROFESSIONAL ECI INDIVIDUAL	3
491	CBS-PROFESSIONAL ECI GROUP OF 2	3
492	CBS-PROFESSIONAL ECI GROUP OF 3 +	3
139	CBS SUPPORT	3
210	CLIENT AT HOME	1
211	LIVING INDEPENDENTLY	1
212	ON THE RUN	1
213	COMMUNITY RESPITE	1
217	HRI RESID TX LEVEL II - THERAPEUTIC FOSTER	1
220	HRI RESIDENT TX LEVEL II - GROUP HOMES	1
226	HRI RESIDENT TX LEVEL III - 1-4 BEDS	1
227	HRI RESIDENT TX LEVEL III - 5+ BEDS	1
228	HRI RESIDENT TX LEVEL IV - 1-4 BEDS	1
229	HRI RESIDENT TX LEVEL IV - 5+ BEDS	1
230	PSYCH RESID TREATMENT FACILITY	1
232	ROOM & BD LEV III 1-4 BEDS	1
233	ROOM & BD-LEVEL III 5+BEDS	1
234	ROOM & BD LEV II AGE 5 OR LESS	1
235	ROOM & BD LEV II AGES 6-12	1
236	ROOM & BD LEV II-AGE 13 AND UP	1
237	ROOM & BD LEV IV 1-4 BEDS	1
238	ROOM & BD LEV IV 5+ BEDS	1
241	WILDERNESS CAMP	1
244	RECREATIONAL CAMP OVERNIGHT	1
250	PSYCHIATRIC HOSPITALIZATION	1
252	MEDICAL HOSPITALIZATION	1
253	FACILITY BASED CRISIS SERVICE	1
254	THERAP LEAVE LEVEL II - THERAP FOSTER	1
255	THERAP LEAVE LEVEL II - GROUP HOMES	1
256	THERAP LEAVE LEVEL III- 1-4 BEDS	1
257	THERAP LEAVE LEVEL III - 5+ BEDS	1
258	THERAP LEAVE LEVEL IV- 1-4 BEDS	1
259	THERAP LEAVE LEVEL IV - 5+ BEDS	1
263	THERAP LEAVE R&B LEVEL III - 1-4 BEDS	1
264	THERAP LEAVE R&B LEVEL III - 5+ BEDS	1
265	THERAP LEAVE R&B LEVEL II - AGE 5 OR LESS	1
266	THERAP LEAVE R&B LEVEL II - AGE 6-12	1
267	THERAP LEAVE R&B LEVEL II - AGE 13+	1
268	THERAP LEAVE R&B LEVEL IV - 1-4 BEDS	1
269	THERAP LEAVE R&B LEVEL IV - 5+ BEDS	1
271	ADULT CORRECTIONS/PRISON	1
272	TRAINING SCHOOL	1
273	DETENTION/JAIL	1
299	ASSERTIVE COMM TREATMENT TEAM	4
310	DEVELOPMENTAL DAY	1
320	EDUCATION - PUBLIC/PRIVATE	1
321	EDUCATION AT A RESIDENTIAL FAC	1
330	DAY TREATMENT/EDUCATION	2
340	VOCATIONAL EDUCATION	2
350	VOCATIONAL PLACEMENT	2
360	BEFORE/AFTER SCHOOL PROGRAM	2
370	SPECIALIZED SUMMER PROGRAM	2

UNIT TYPE CODE

1 = DAY UNIT
2 = CLIENT UNIT
3 = STAFF UNIT
4 = MONTH UNIT

ATTACHMENT III

CTSP 10/12/01: Community Based Services
<p>Community Based Service is psychoeducational and supportive in nature and intended to meet the mental health, developmental disability, and substance abuse needs of clients with significant functional deficits or who because of negative environmental, medical or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for significant developmental delays, atypical development, substance abuse, or mental illness/serious emotional disturbance (SED) which could result in an inability to live successfully in the community without services, support, and guidance. The most typical model has a single provider working directly with clients, parents, or other caregivers (individually or groups) in a naturally occurring setting (home, school etc.) on functional problems that occur in that setting. This service includes education and training of caregivers and others who have a legitimate role in addressing the needs identified in the service plan as well as preventive, developmental, and therapeutic interventions designed to direct client activities, assist with skill enhancement or acquisition, and support ongoing treatment and functional gains. CBS-Individual may be reimbursed up to 8 hours per client per day. CBS Group may be reimbursed up to 2 hours and 45 minutes per day.</p>
Therapeutic Relationship and Interventions
<p>There should be a supportive, therapeutic relationship between the provider and client or primary caregiver of the client which addresses and/or implements interventions outlined in the service plan in any of the following: behavioral interventions, adaptive skills training, crisis intervention, training/enhancing developmental milestones, support in transitioning from one setting or level of care to another, psychoeducational activities, community integration activities, supportive counseling, telephone contact/consult with the client to increase awareness of the disability or to caregiver to enhance support for the client, enhance skills of primary caregiver in relation to the needs of the client, enhance communication and problem solving skills, anger management, monitoring client behavior and response to treatment interventions. Interventions with primary caregiver support and compliment direct client activities.</p> <p>*For those clients assessed and identified as needing developmental therapies in the service plan, direct care providers may address the following: motor, psychosocial, adaptive, cognitive, vision, sensory development, communication and hearing skills. This definition does not include SP/PT/OT by licensed therapists. They are covered under the medical benefit.</p> <p>*CBS provided by a professional includes individual and group psychoeducational counseling</p>
Structure of Daily Living
<p>This service is focused on assisting clients in preventing, overcoming or managing functional deficits in school, home, community and/or assisting the primary caregiver in acquiring the skills needed to assist the client in all functional domains-vocational, educational, personal care, domestic, psychosocial, communication, problem solving, adaptive, etc.</p>
Cognitive/Behavioral/Functional Skill Acquisition
<p>This service is intended to assist clients in better understanding how to respond to a wide range of intra/interpersonal issues related to functional deficits and in the acquisition of the behavioral skills needed to compensate for, overcome or manage those deficits and/or to assist the primary care giver in better meeting the client's needs related to functional deficits and identified needs in the service plan.</p>

Service Type
There are two service types: Professional and Paraprofessional. Both providers may provide this service individually and on a group basis. The intent of this service is not to take the place of day/night or 24-hour services. * See Provider requirements for distinctions between these two levels.
Resiliency/Environmental intervention
This service focuses on assisting clients in becoming connected to naturally occurring support systems and relationships in the community including developing and providing support for health and safety factors
Service Delivery Setting
This service is provided in home, school or any other community setting in which functional deficits have been assessed or identified. For clients in a structured program, the staff of the structured program must be involved in the treatment planning process, where the role and interventions of the CBS worker are clearly defined in the course of treatment, i.e. school, day care, etc.
Medical Necessity Criteria
There is an Axis I or II diagnosis (may include V codes)* V codes are not billable for CBS under Health Choice (per G.S. 108-A-70.23) And, LOC level A for Group/LOC level B for Individual/ NCSNAP/ASAM or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22). And, The client is experiencing difficulties in at least one of the following areas: functional impairment, barriers to service access, crisis intervention/diversion/aftercare needs, and/or at risk for developmental delays or atypical development in any one of the following areas- A). The client's level of functioning has not been restored or improved and may indicate a need for community based interventions in a natural setting if any one of the following apply: -1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and or institutionalization. -2a. Presenting with intensive verbal and some physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. -3a. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis. B). Functional problems which may result in the client's inability to access clinic based services in a timely and helpful manner. C). Persistent or recurring behaviors or symptoms which result in the need for crisis services contacts, diversion from out of home placement (hospital or residential treatment) related to MH/DD/DAD diagnosis, or involuntary commitment within the relevant past. D). Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

- E). At risk for developmental delays/atypical development and may need specialized therapies because of identified risk factor, as evidenced by the multidisciplinary assessment.
- F). Individual requires assistance, and/ or training to access community supports and for activities of daily living.

Service Order Requirement

The service must be ordered by a primary care physician, psychiatrist, or a licensed practicing psychologist. The service order should specify which level of CBS service is to be provided (i.e., CBS-Professional or CBS-Paraprofessional).

Continuation/Utilization Review Criteria

The desired behavior or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

- A). Client has achieved initial service plan goals and additional goals are indicated.
- B). Client is making satisfactory progress toward meeting goals.
- C). Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.
- D). Client is not making progress; the service plan must be modified to identify more effective interventions.
- E). Client is regressing; the service plan must be modified to identify more effective interventions.

For those clients receiving 8 hours of CBS per day, utilization review must be conducted at a minimum of 90 days and so documented in the service record.

Discharge Criteria

Client's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A). Client has achieved goals, discharge to a lower level of care is indicated.
- B). Client is not making progress, or is regressing and all appropriate treatment options have been exhausted

Any denial, reduction, suspension, or termination of service requires notification to the client and/or legal guardian about their appeal rights. (applicable to Medicaid Services)

Service Maintenance Criteria

If the client is functioning effectively with this service and discharge would otherwise be indicated, CBS should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A). Past history of regression in the absence of the CBS is documented in the record.

OR

- B). In the event, there is an epidemiologically sound expectation that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnoses which would necessitate a disability management approach.

Any denial, reduction, suspensions, or termination of service requires notification to the individual about their appeal right. (Applicable to Medicaid Services)

Provider Requirement and Supervision

Professional level-

Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to *10 NCAC 14V*, or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS Professional Service within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in *10 NCAC 14V* and according to licensure/certification requirements of the appropriate discipline.

Paraprofessional level-

Persons who meet the requirements specified for Paraprofessional status according to *10 NCAC 14V*, or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS Paraprofessional Services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to *10 NCAC 14V*.

**** Staff previously providing HRI-P or CBI will be "grandfathered" in and allowed to provide CBS. However all new hires must meet the above requirements.

Documentation Requirements

Minimal standard is a daily contact log that describes provider's intervention directly related to the goal listed in the service plan at the paraprofessional level.

Minimal standard is a daily full service note that includes the purpose of contact, describes provider's intervention, and effectiveness of the intervention at the professional level. The client's service plan identifies the areas of functional deficits, preferences, goals, service types, and intervention, along with frequency which will be provided to restore, improve or maintain the client level of functioning. A step down plan of action and/or clinical justification in the service plan must be included for clients receiving more than 3 hours per day of CBS.

Community Based Service - Professional

Community Based Service- Professional is a service provided by a professional and targeted to clients who have mental health, developmental disability and substance abuse needs. This service may be similar to Outpatient services with the primary exception being the intensity of the service. (See the Medicaid Manual for the full definition) This service also includes education/training of caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff). Activities that are billable under this definition include:

YES	NO
Supportive counseling	Participating in treatment team meetings.
Staff support for consumer directed and managed activities.	Writing CBS treatment plans, contact log notes, service notes, etc.
Mentors.	Filling out SALs, timesheets, etc.
Adaptive Skill Training in all functional domains -- personal care, domestic, psychosocial, communication, leisure, problem-solving, etc.	Reading, copying, synthesizing information.
Behavioral Interventions – Token/Level systems, contracts, Structured Behavior Programs, etc.	Meeting without the individual or relevant others being present.
Community Integration and Support Activities to facilitate adjustment, maintenance, or enhance skills.	Staff travel time.
Modeling, positive reinforcement, redirection, de-escalation, anticipatory guidance, etc.	CBS activities while an individual resides in a Medicaid funded treatment setting (e.g., ICF-MR, general or psychiatric hospital).
Providing training to caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff).	Providing the service for the sole purpose of childcare or before school or after school care.
Staff to work with the individual in the school, home, community, childcare and inclusive day programs, vocational settings, etc. to provide functional support. CBS may be provided to a child who currently resides in a residential setting only when CBS meets medical necessity for services when the child is in school or when the child is on a community outing.	Staff to augment funding in a school setting, or Medicaid-residential treatment setting.
Recreational activities when used as a strategy to meet clinical goals (e.g., therapeutic horseback riding, OT activities, therapeutic camping).	CBS cannot be provided in a residential setting (examples levels I-IV, PRTF)
Telephone contact with the individual or caretaker.	A residential facility cannot provide CBS
Group and Individual psychoeducational activities.	Staff providing development day services may not bill for other services for the same time period
Sensory stimulation training.	
Vision therapy, Mobility training, Audiological stimulation, Communication training including use of assistive technology/alternative language, etc.	
Relaxation therapy, Infant massage, Stress Management, etc.	
Modeling reciprocity/engagement, Cue reading, training in developmental milestones, etc.	

Community Based Service - Paraprofessional

Community Based Service – Paraprofessional is a service provided by a paraprofessional and is targeted to clients who have mental health, developmental disabilities, and substance abuse needs when provided by a paraprofessional (see Medicaid Manual for full definition). The paraprofessional staff implements identified interventions under the supervision of a Qualified Professional. This service also includes education/training of caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff). Activities that are billable under this definition include:

YES	NO
Supportive Counseling.	Participating in treatment team meetings.
Staff support for consumer directed and managed activities.	Writing CBI treatment plans, contact log notes, service notes, etc.
Group and Individual psychoeducational activities.	Filling out SALs, timesheets, etc.
Adaptive Skill Training in all functional domains -- personal care, domestic, psychosocial, communication, leisure, problem-solving, etc.	Reading, copying, synthesizing information.
Behavioral Interventions – Token/Level systems, Contracts, Structured Behavioral Programs, etc.	Meeting without the individual or relevant others being present.
Mentors.	Staff travel time.
Community Integration and Support activities to facilitate adjustment, maintenance, and enhance skills.	CBS activities while an individual resides in a Medicaid funded treatment setting (e.g., ICF-MR, general or psychiatric hospital).
Modeling, positive reinforcement, redirection, de-escalation, anticipatory guidance, etc.	Providing the service for the sole purpose of childcare or before school or after school care.
Providing training to caregivers, service providers and others who have a legitimate role in addressing the needs identified in the service plan (non-agency staff).	Staff to augment funding in a school setting, or Medicaid –residential treatment setting.
Staff to work with the individual in the school, home, community, childcare and inclusive day programs, vocational settings, etc. to provide functional support. CBS may be provided to a child who currently resides in a residential setting only when CBS meets medical necessity for services when the child is in school or when the child is on a community outing.	CBS cannot be provided in a residential setting (examples Levels I-IV, PRTF)
Recreational activities when used as a strategy to meet clinical goals (e.g., therapeutic horseback riding, OT activities, therapeutic camping).	A residential facility cannot provide CBS
Telephone contact with the individual or caretaker.	Staff providing developmental day services may not bill for other services for the same time period
Time spent monitoring medical care when not	

directly engaged with the individual or service provider (Waiting while the individual receives dental care and discussing further services0.



DMH/DD/SAS and DMA HAVE APPROVED THIS SERVICE DEFINITION DATED 10/12/2001 AS THE OFFICIAL VERSION.

Because of the confusion surrounding this definition, a 30-day hold harmless period will be granted from 10/12/2001 until 11/12/2001 to assist with transition. A letter to Area Directors and Providers will follow indicating this information.